Name in Full — Certificate of Death

Clarence Herbert Balderson

Died at Town: Ilchester — County: Howard. — MARYLAND

Date 1898 — Month Day: Dec. 25 — Age Y. M. D.: 5 weeks — Native of: Md — Occupation: none

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ ~~Wife~~ of none

Father's Name: Isaiah Balderson — Mother's Name: Mary Balderson

Cause of Death — Primary: Dont Know 161 — How long sick: found dead

Immediate

~~Accident~~ Suicide, ~~Homicide~~

Reported by: Stephen Hillsmeyer

Address: Undertaker Elkcott City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6706

Seen by Coroner none

of —

Attended by Dr. none

of —

Information contained in this certificate received from Isiah Balderson

of Colchester Md.

Name In Full Newton Blakey — Certificate of Death

Died at ~~Town~~ Near Ellicott City County Howard — MARYLAND

Date 1898 Month Nov Day Dec 12 — Age Y. 57 M. D. — Native of U.S. — Occupation none

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ Number of ~~children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Newton Blakey — Mother's Name Alice Blakey

Cause of Death — Primary Hydrocephalus 5-2 — How long sick

Immediate Unknowned to me — Accident, Suicide, Homicide

Reported by B. J. Byrne

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Creed Colwell

Died at Ellicott City (Town) Howard Co jail (County) MARYLAND

Date 1898 Month Dec Day 23 | Age Y. 58 M. D. | Native of Howard Co | Occupation Laborer

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name unknown

Mother's Name unknown

Cause of Death: Primary Paralysis 44 — How long sick don't know

Immediate Pulmonary Congestion — ~~Accident, Suicide, Homicide~~

Reported by William E Hodges M D

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Elizabeth Dorsey

Certificate of Death

Died at Town Carroll Manor County Howard MARYLAND

Date 189 Month Dec Day 9 | Age Y. 33 M. D. | Native of Howard | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow no Widower | Divorced no | Number of children living 6

Husband / Wife of Thomas Dorsey

Father's Name Amos Smith Dont Know | Mother's Name Mary Smith Dont Know

Cause of Death: Primary Phthisis 22a | How long sick 2 years

Immediate | Accident, Suicide, Homicide

Reported by Dr Richard C Hammond

Address Ellicotts City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jesse P. Eyre

Certificate of Death

Died at Town near Highland County Howard MARYLAND

Date 189 8 Month 12 Day 23 Age Y. 77 M. D. Native of Pa. Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Progress Elliott City

Address 12-31 1st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Edward Murray Frey

Died at Town: Ellicott City | County: Howard | MARYLAND

Date 1898 | Month: Dec | Day: 6 | Age: Y. 15 M. 8 D. 26 | Native of: Ellicott City | Occupation: Clerk

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: Charles Albert Frey | Mother's Name: Georgianna Augusta Dundee

Cause of Death:
- Primary: Abscess of auditory canal 39a — How long sick: six weeks
- Immediate: Cerebro Spinal Meningitis — ~~Accident, Suicide, Homicide~~

Reported by: William E. Hodges M.D.

Address: Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Rebecca Dewall Hardinge

Died at Town Ellicott City County Howard MARYLAND

Date 1898 Month 12 Day 3 | Age Y. 1 M. – D. – | Native of Ellicott City | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Harold Hardinge | Mother's Name Mary Hunt Hardinge

Cause of Death: Primary Capillary Bronchitis 69 | How long sick 5 days

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Thos. B. Owings MD

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65963

Name in Full David H. Hoffman

Certificate of Death

Died at Town Ellicott City County Howard MARYLAND

Date 189 8 Month 12 Day 15 Age Y. M. D. 15 yrs. Native of Md. Occupation None

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Martha Menzies

Father's Name

Mother's Name 74

Cause of Death Primary Congestion of lungs How long sick

Immediate Heart disease Accident, Suicide, Homicide

Reported by S. John M. B. Rogers

Address Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Henrietta Holtman

Died at Town: Elicott City County: Howard MARYLAND

Date 1898 Month: 12 Day: 2 Age Y. 27 M. D. Native of: Maryland Occupation: House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Robert Holtman

Father's Name John Lilly Mother's Name Lavey

Cause of Death: Primary Procured Abortion — How long sick 2 days

Immediate Septicemia 1526 — Accident, ~~Suicide~~, ~~Homicide~~

Reported by Thos B Downing

Address Elicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Caroline Scott

Died at Orange Grove (Town) — Howard (County) MARYLAND

Date 1898 Month Dec. Day 2 | Age Y. 85 M. — D. — | Native of Maryland | Occupation Housework

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow | ~~Divorced~~

Number of children living 5

~~Husband~~ Wife of John Scott (Deceased)

Father's Name Joseph Collins | Mother's Name Julia Ann Collins

Cause of Death: Primary Arteriosclerosis — How long sick 36 hours

Immediate Cerebral Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by M. R. Earnest M.D.

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65565

Name in Full Rev. Dr Thomas J. Shepherd

Certificate of Death

Died at Town Longwood near Glenwood County Howard MARYLAND

Date 189 F Month 12 Day 3 | Aga Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Ellicott City Progress

Address 12-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Joshua Warfield

Certificate of Death

Died at Town near Simpsonville County 5th Dist Howard MARYLAND

Date 189 8 Month 12 Day 24 Age Y. 75 M. D. Native of Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 146 a

Cause of Death Primary Burned to death

Immediate in his house

How long sick

Accident, Suicide, Homicide

Reported by Progress Ellicott City

Address 12-31st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968